

# WORKGROUP IV – WELLNESS

November 10, 2010

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Becky Wampler	Health Care Sustainability – Wellmark
Beth Jones	Iowa Department of Public Health
Mike Vasquez	St. Gregory Centers, Inc.
Dan Keuter	United Healthcare of Iowa and Central Illinois

**IDPH**

**Iowa Department of Public Health**

**Iowans Fit for Life**

**Low-cost ways to make your community healthier**

## Initial Recommendations



- Create the Iowa Prevention and Chronic Care Advisory Council to provide guidance and oversight for prevention and chronic care management.
- Empower people with the knowledge and resources to live healthy lives and manage their own chronic illnesses.
- Identify and recommend consensus guidelines for use in chronic care management beginning with those that address the state chronic disease and prevention priorities.



## Initial Recommendations Continued



- Establish a chronic disease practice registry product that could be easily and readily incorporated into medical practices.
- Improve incentives for prevention and chronic disease management by providing support for care through payment systems, organization and delivery of care, and care coordination.
- Improve the health workforce and their skills in prevention and chronic disease management.


## Recommendations Continued



Council Created a seventh council after submission of initial report:

**Create a societal commitment to health through implementing policies to remove barriers that prevent Iowans from leading healthy lives. Empower and expect Iowans to take personal responsibility for being as healthy as genetically possible and improving their own health, as well as the health of those around them.**

## Prevention Priorities

- 
- |   |  |
|---|--|
| <ul style="list-style-type: none"><li>• Obesity</li><li>• Cancer</li><li>• Coronary Artery Disease</li><li>• Diabetes</li><li>• Human Immunodeficiency Virus</li><li>• Lower Back Pain</li><li>• Neurological/Behavioral</li><li>• Chronic Obstructive Pulmonary Disease (COPD)</li></ul> | <ul style="list-style-type: none"><li>• Hypertension</li><li>• Mental Illness</li><li>• Hypertension</li><li>• Mental Illness</li><li>• Hyperlipidemia (High Blood Fats)</li><li>• Arthritis</li><li>• Congestive Heart Failure</li><li>• Asthma</li></ul> |
|---|--|

## Chronic Disease Priorities

- Diabetes
  - Congestive Heart Failure
  - Hypertension
  - Mental Illness
  - Hyperlipidemia (High Blood Fats)
  - Cancer
  - Neurological/Behavioral
- Chronic Obstructive Pulmonary Disease (COPD)
  - Asthma
  - Arthritis
  - Coronary Heart Disease



# **Why Wellness at the Worksite?**

- Knowledge is power
- Employers who invest in screening services and/or Health Risk Assessments have the information needed to provide services and programming to address the issues at hand
- Healthy employees are happier and more productive

# Company 1

- After implementation of one of the Mercy programs the following results were accomplished
  - 21 employees at the end of the program had three or more risk factors
    - 14 employees had 3 risk factors
    - 5 employees had 4 risk factors
    - 2 employees had 5 risk factors
    - **THAT MEANS 8 EMPLOYEES CHANGED THEIR LIFESTYLE ENOUGH TO HAVE DECREASED THEIR RISK FOR A MAJOR MEDICAL EVENT**

## Company 2

- At the conclusion of the program the following was also determined
  - 22 employees at the end of the program had 3 or more risk factors
    - 16 employees had 3 risk factors
    - 4 employees had 4 risk factors
    - 2 employees had 5 risk factors
    - **THAT MEANS 17 EMPLOYEES CHANGED THEIR LIFESTYLE ENOUGH TO HAVE DECREASED THEIR RISK FOR A MAJOR MEDICAL EVENT**

What Drives Health Care **COSTS**?

**DEMAND**

What Drives Demand?

**RISK**



# Major Controllable Risk Factors

- Tobacco Use (employee and spouse)
- Hypertension/Blood Pressure
- Cholesterol
- Obesity/Body Mass Index
- Glucose

As individuals **lower health risks** by managing controllable factors demand for health care services will go down

# Workforce Management May 2009

## Unhealthy Employees Cut Productivity, Study Finds

For every dollar spent on medical costs and pharmaceuticals, there is \$2.30 of health-related productivity losses due to absenteeism and presenteeism, according to a recent study.

By Joanne Wojcik

Comments 0 | Recommend 5

oor health among U.S. workers costs employers much more in reduced productivity than many realize, according to a multi-year study of 10 employers and more than 150,000 workers.

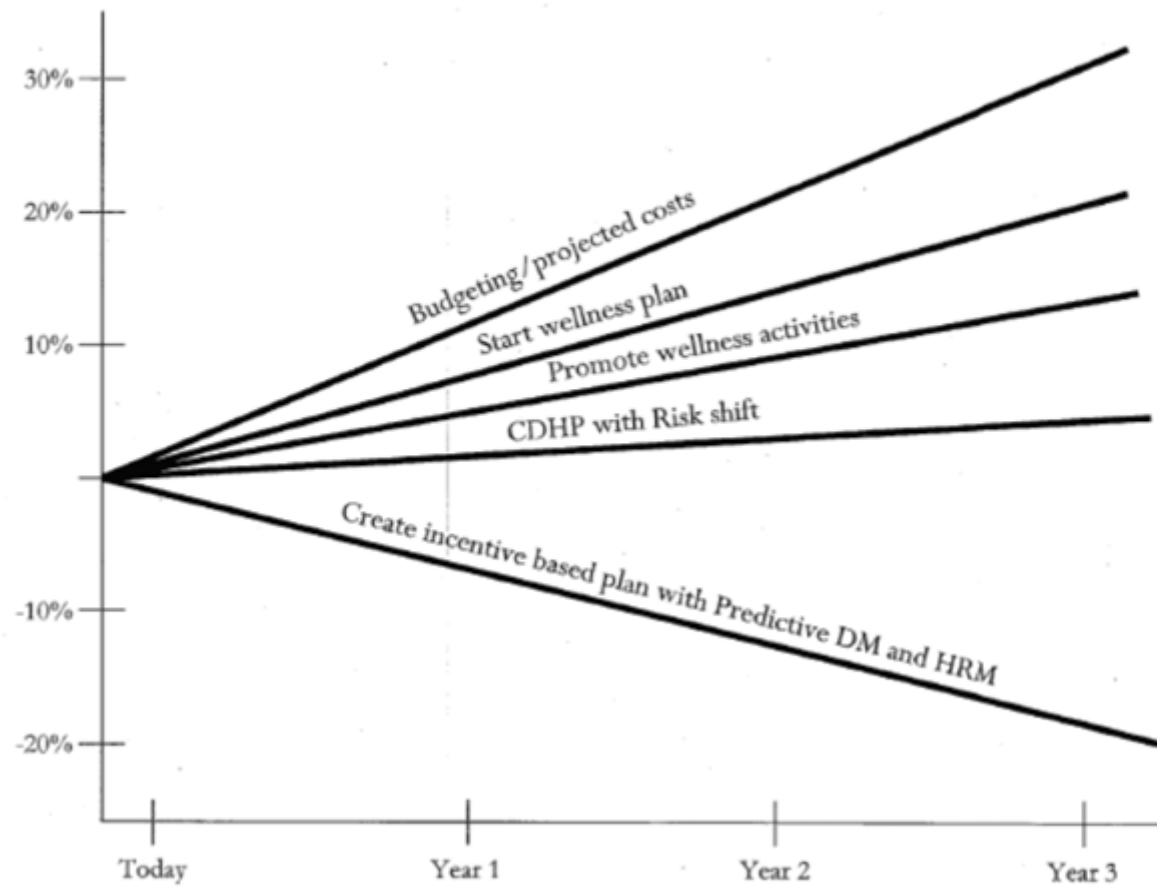
The study, published this month in the *Journal of Occupational and Environmental Medicine*, found that presenteeism—when employees are present at their jobs but unable to perform at full capacity—creates a greater drain on company productivity than employee absence, a finding that may come as a surprise to many employers, researchers say.

For every dollar spent on medical costs and pharmaceuticals, there is \$2.30 of health-related productivity losses due to absenteeism and presenteeism, according to the study. For certain conditions, such as anxiety, employers lose as much as \$20 in productivity for every dollar they spend on medical care and pharmaceuticals.

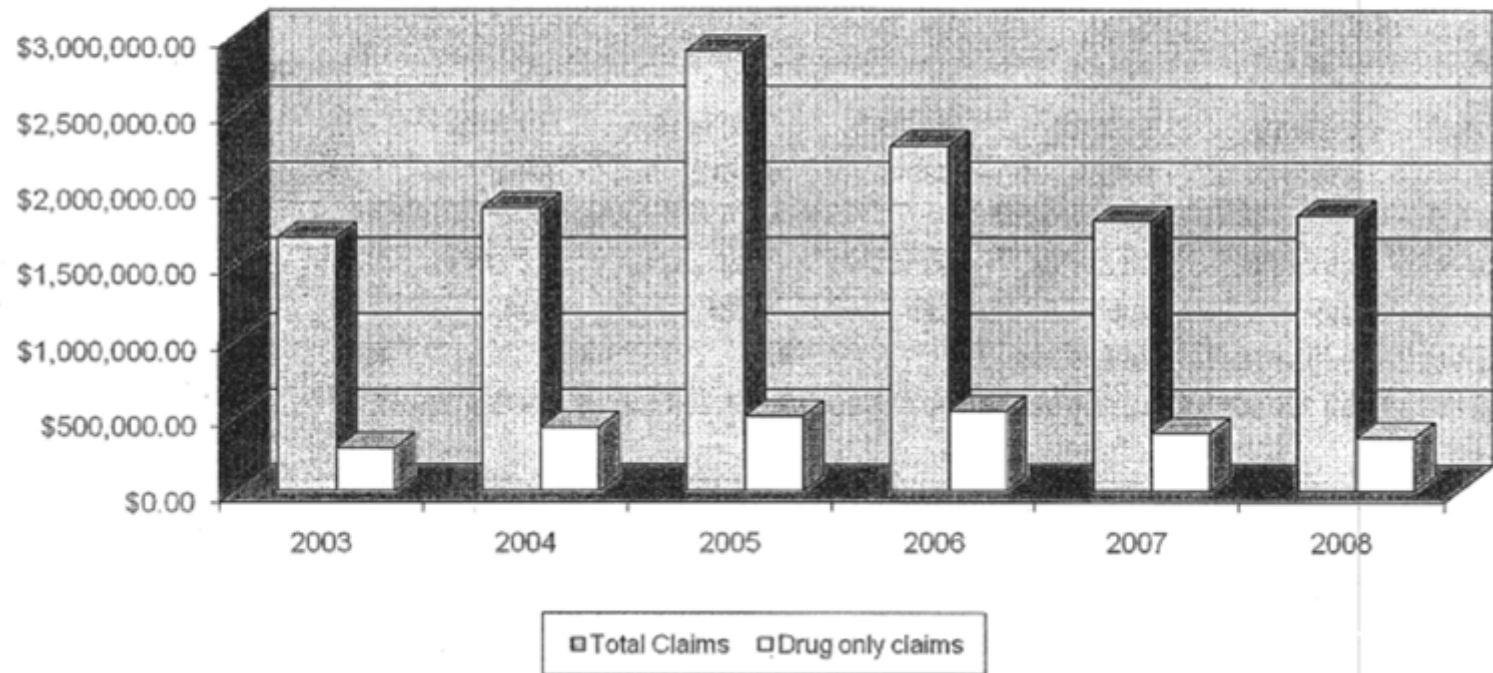
# Harvard Study

Cost control is not, in fact, all pain and no gain. It's some pain in return for a fat raise. A 2006 study by Harvard's Katherine Baicker and Amitabh Chandra used malpractice payments to estimate the effect of premium increases on wages. They found that a 10 percent increase in health care premiums "results in an offsetting decrease in wages of 2.3 percent" and an increase in unemployment of 1.2 percentage points. Compensation is basically a set sum for employers, and they don't seem to care much whether it goes into wages or into health care costs.

# Employee Health Risk Strategies



Total Claim History 2003-2007



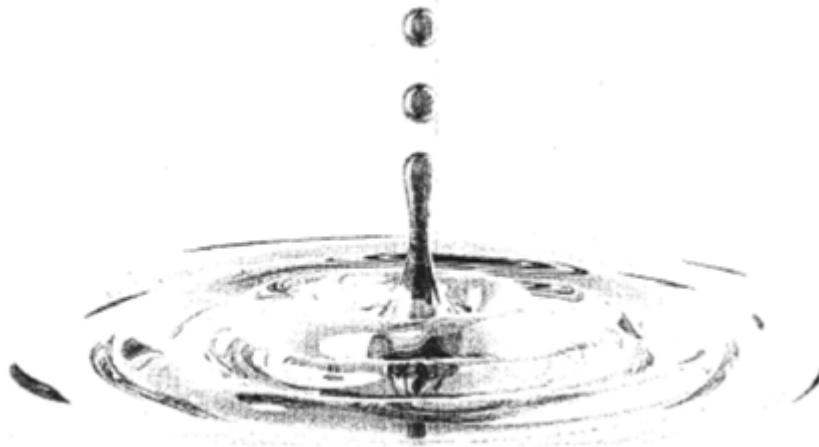
## “Share how the State could help you do it even better.”

1. Require health plans to release claims data to HIPPA compliant health promotion companies for analysis for developing health promotion strategies
2. Establish professional designation for health promotion practitioners — could be established by the Agent/Broker licensing board
3. Just like we need to provide the right incentives to employees to improve lifestyle the state could provide incentives to promote effective health promotion plans
  1. Require that companies report back results in terms of cost savings and improvement in aggregate employee health measurements to received the incentives



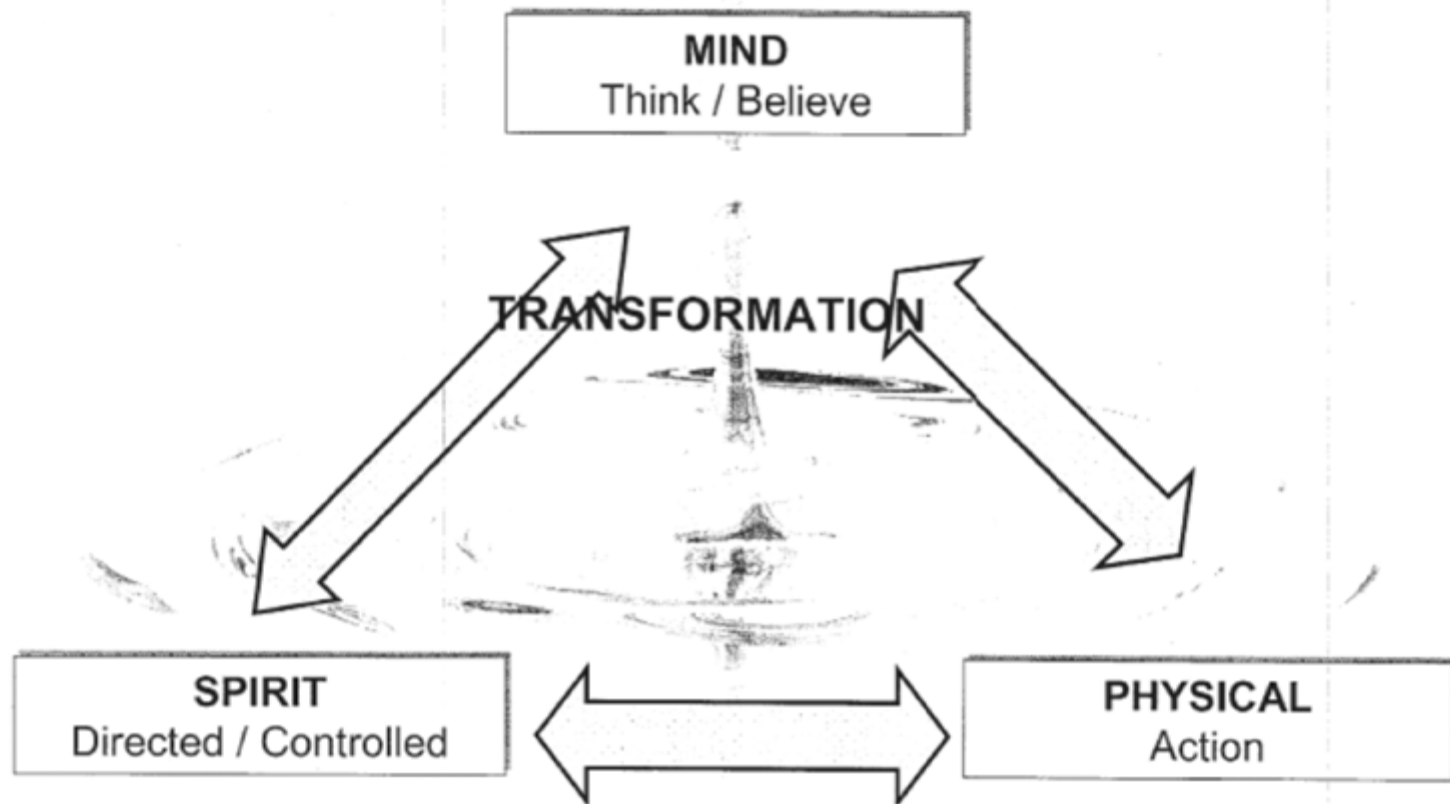
# Ripple Effect...

**OneBody<sup>3</sup> is a sustainable & integrated business strategy that is the catalyst to systemic transformation in individuals and in organizations.** As people are transformed, you see the 'ripple effect' of change.



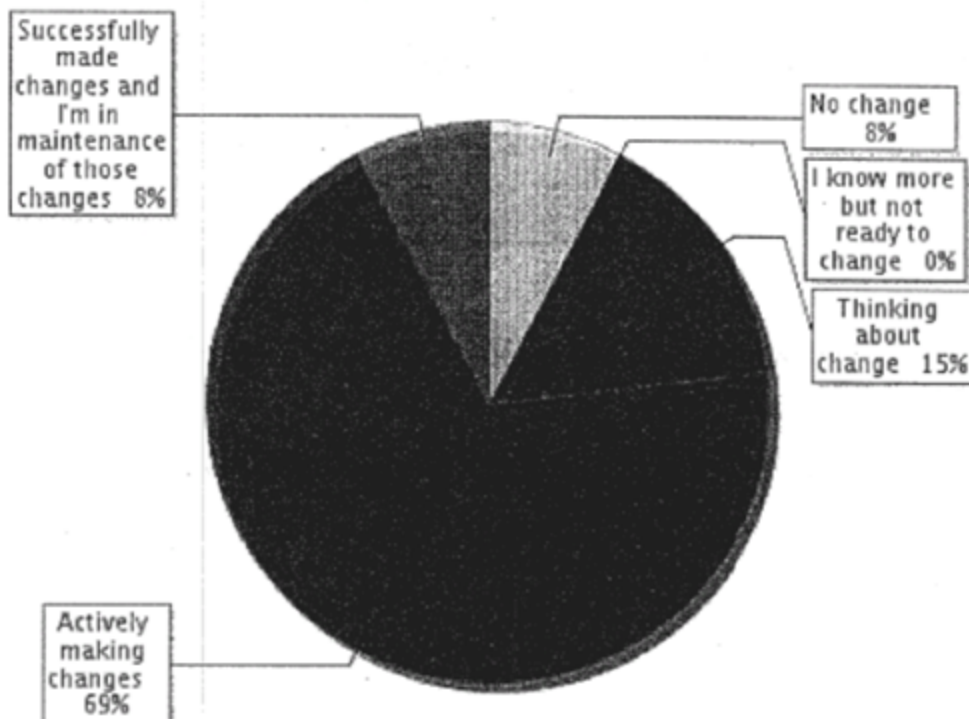
Peak performance  
Full potential/wholeness  
Teamwork/Morale  
Improved health &  
controlled illness costs  
Improved productivity

# How does change happen?





## How has this experience impacted your health goals?



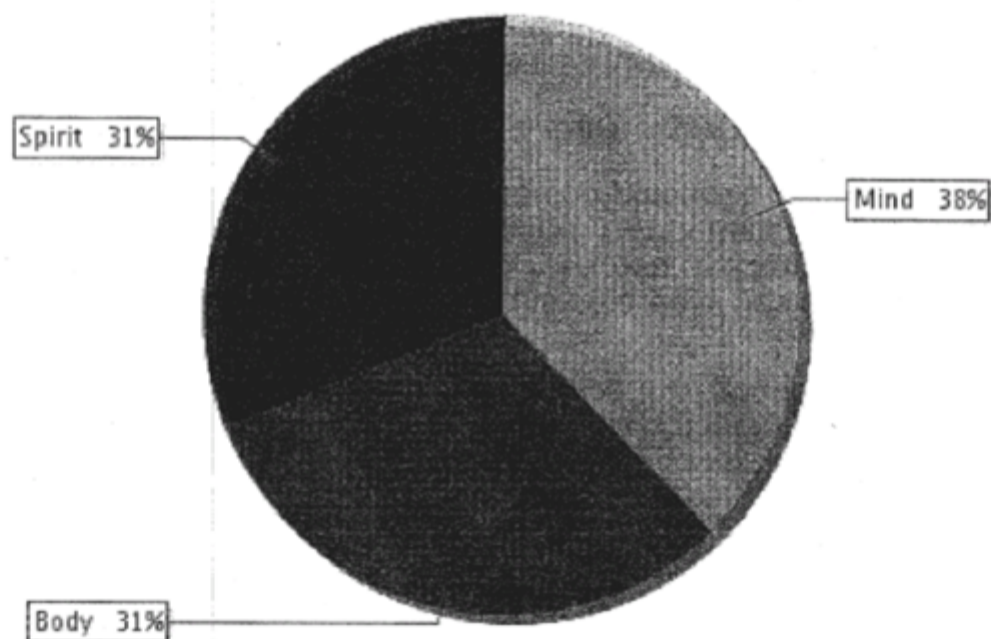
## Pre/Post “Whole Health” Score

Average 'pre program' health score – 30.6

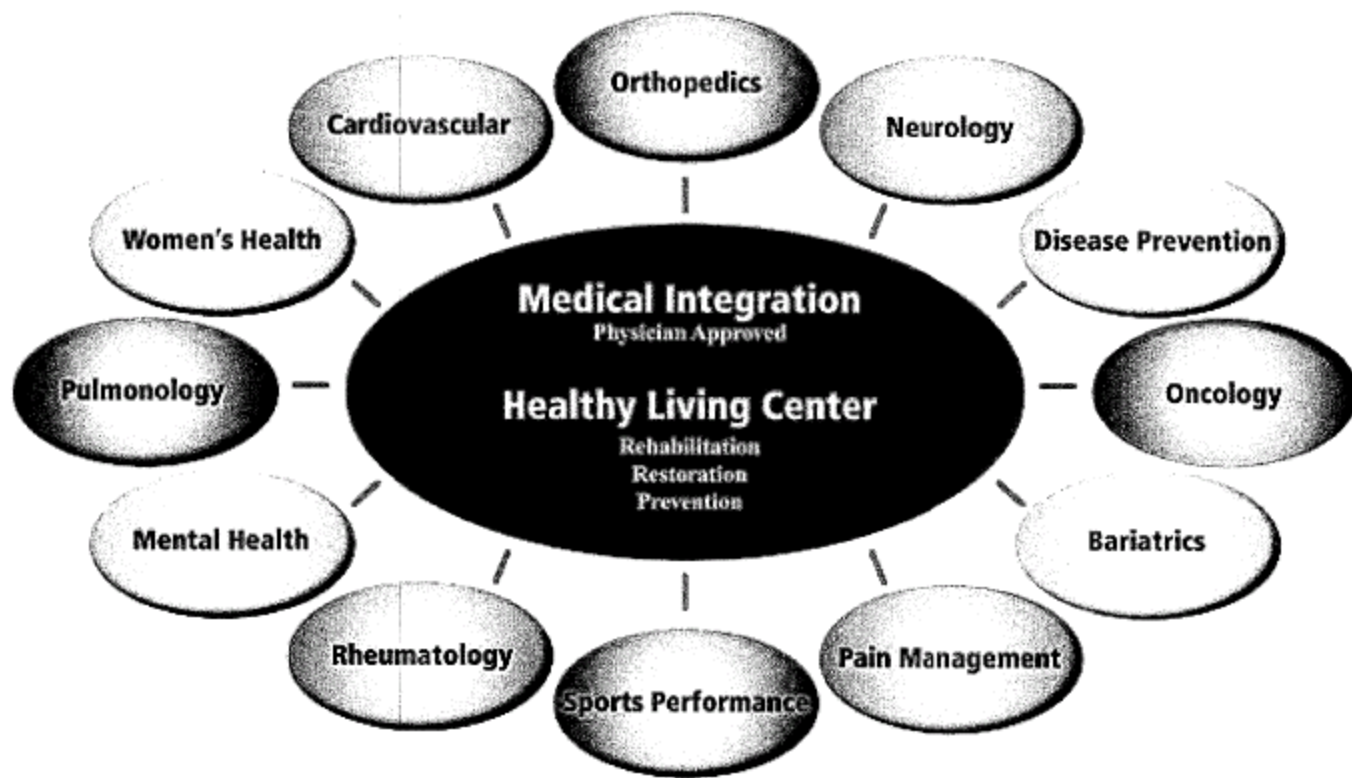
Average 'post program' health score – 26.17

14.5%/4.43 pt  
Improvement

I'm transforming in the following ways:



**YMCA of Greater Des Moines  
Healthy Living Center**



**17 months**

**2,000 referrals**

**Over 400 doctors**

## ‘In evaluation of our current approach to “getting healthier” ...it isn’t working’

- Dieting and weight loss programs have only seemed to increase an obsession with false hopes and focus and have only led to more weight gain and dieting.
- Lowering cholesterol, blood sugar, and blood pressure have hardly slowed the progression of heart disease, diabetes, cancer and obesity...it is on the rise.
- Reactive medicine and a system that is fueled by sickness rather than health has bred more sickness and disease than we know what to do with—hence we are in crisis and looking for solutions. Remember, health is the simple answer to a crisis of sickness.

# PHSC Integrative Healthcare

- Holistic-focused, Integrative Primary Care (Internal/Physiological sciences) oversees all educational processes and works with each participant to reduce/eliminate medication as they take control of specific areas of their health (e.g. blood pressure, cholesterol, sleep apnea, depression).
- Physical Medicine (Musculoskeletal/Neuro/Ortho sciences) to address any physical pain combining PT, rehab and chiropractic. Evaluate postural needs of participants as they begin or continue physical activity.
- Holistic Nutritionist (Food/Biochemical/Physiological sciences) focused on teaching the science behind meal planning, consumerism, food preparation and cooking and educating how food origins effect human physiology.



## PHSC Integrative Healthcare, cont.

- Pharmacy Review- Review medications on intake.
- Exercise Physiologists (Exercise/Functional sciences) providing individualized and customized personal training sessions to help guide participants in evaluating exercise goals/needs and establishing a plan of action to serve each person's health.
- Holistic Psychotherapy- provides classes and educational support on the functions and connections of the brain to the body (neuroscience), beliefs and habits, and emotional health how to create a healthy psychological process of improvement.

Combining all of these providers and coaches in one process has created some of the most positive and progressive health results we have ever seen in healthcare—it works well and patients love it.



The Iowa Sports Foundation (ISF) was created on June 20, 1986 to promote amateur sports within the state of Iowa; host Olympic-style festivals, competitions, and exhibitions; and create awareness, emphasize, and educate Iowans concerning the numerous benefits of good health, physical fitness, good character, and competition. More than 100,000 people from all of Iowa's 99 counties participated in ISF events in 2006, including Summer Iowa Games, Winter Iowa Games, Hoopin' at the Dome, Net Fest, and many others. As the founder of Live Healthy Iowa (formally known as Lighten Up Iowa), the ISF continues to lead the way in encouraging Iowans to become healthier by increasing physical activity and developing positive eating habits. Twelve other states have adopted the Live Healthy model since its initial success in 2002. In 2004, the ISF developed the two youth wellness programs, Go The Distance and Go The Distance Day. Learn more about the [Iowa Sports Foundation](#) and their events.

Iowa State University Extension is a partner of Live Healthy Iowa and builds partnerships and provides research-based learning opportunities to improve the quality of life in Iowa. The partnerships promote health and well-being. A healthy lifestyle is central to a fulfilling life. Extension helps citizens understand the risks and the benefits of specific food components, food-handling practices, processing technologies, and food production. ISU Extension also helps communities manage their resources to promote nutrition and health. In addition to nutritional education for families and individuals, ISU Extension also offers programming in family life education and resource management. To learn more about programs for all Iowans contact your local ISU Extension office or visit the [Web site](#).

The Iowa Department of Public Health (IDPH) is also a partner of Live Healthy Iowa and is a catalyst for promoting and protecting the health of Iowans. It strives to improve the quality of life for all Iowans through access to comprehensive health services focused on prevention. Applying scientific knowledge, the department engages public and private partners to secure resources, deliver services, and maintain the public health infrastructure. Learn more about the [Iowa Department of Public Health](#).

#### History of Live Healthy Iowa (formally known as Lighten Up Iowa)

In November of 2000 a strategic planning meeting was held with members of the Iowa Sports Foundation Board of Directors. Former Governor Robert Ray stated the need to address the growing problem of obesity in our state. Obesity has a direct impact on chronic diseases such as diabetes, heart disease, some cancers, and high blood cholesterol. Another former Governor, Terry Branstad, presented the idea of Iowans forming teams and competing to see who could lose the most weight. In 2001, Lighten Up Iowa, now known as Live Healthy Iowa, rolled out a pilot program in Central Iowa. There were 1,400 participants in the six month program which saw teams lose a total of 5,992 pounds. The following year Iowa State University Extension and the Iowa Department of Public Health partnered to support the Iowa Sports Foundation in this important effort. Since 2002, 150,122 people have participated in the program, resulting in 618,139 pounds lost and more than 26 million miles of activity recorded.

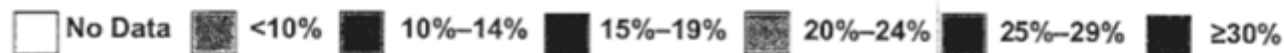




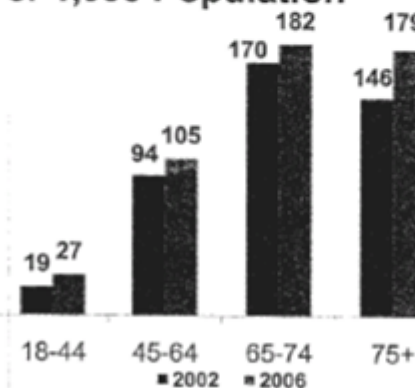
# The Country is Facing a Pandemic



\*BMI  $\geq 30$ , or about 30 lbs. overweight for 5'4" person



## Diabetes Prevalence by Age Per 1,000 Population<sup>2</sup>



<sup>1</sup>Behavioral Risk Factor Surveillance System, CDC; <sup>2</sup>Centers for Disease Control and Prevention, National Center for Health Statistics (2008) National Health Interview Survey (NHIS)

# Environmental Changes Have Impacted Our Health



## ■ Food

- Sugar & high fructose corn syrup consumption
- Processed foods/school lunches
- Portion sizes
- Eating at restaurants; cheap fast food

## ■ Home

- Appliances/tools to do the work for us
- Reliance on driving because of suburb living

## ■ Work

- Shift to white collar jobs (sedentary)
- Long hours; vending machine dinners

## ■ Activity

- Planned/programmed activities the norm
- PE/recess time reduced

## ■ Communities

- Widen streets for cars and limit sidewalks
- Minimal recreational areas
- Unsafe neighborhoods

## ■ Cultural Norms

- Reward ourselves with food
- Forgotten what healthy looks like
- Influenced by our obese friends
- Parents influencing kids
- Clothing sizes adapted

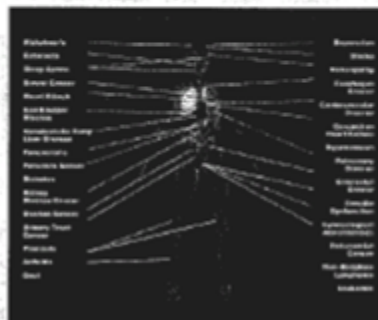


# Our Choices Are Driving Higher Health Care Costs

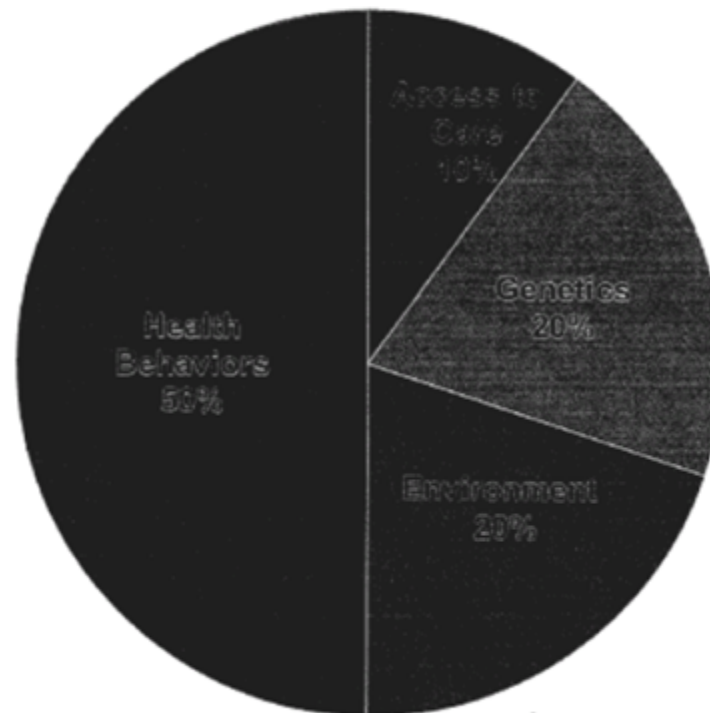


## Unhealthy Choices = Higher Costs

- What we eat or don't eat
- How we move or don't move
- Who we spend time with
- Where we live
- Tobacco use



## Factors Influencing Our Health



Source: Urban Institute

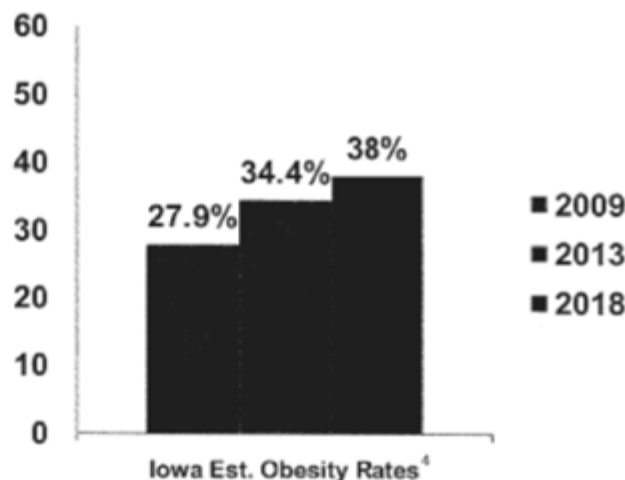


# Iowa Obesity Rates & Health Care Costs



## Consequences Of Inaction Are Too High

- Iowa is the 22<sup>nd</sup> most obese state<sup>1</sup>
- 1990, 4.7% of Iowa residents were diagnosed with diabetes; by 2008, number jumped to 7%<sup>2</sup>
- New technology makes it more expensive to treat a larger number of people (\$16 - average cost of an insulin prescription in 1990; \$205 – average cost of an insulin prescription in 2008 )<sup>3</sup>



Iowa Obesity Rates <sup>5</sup>	
1990	14.0%
1995	17.5%
2000	21.5%
2005	25.4%
2009	27.9%

100%  
Increase

## Avoided Costs If Obesity Remains At 2009 Rates (Iowa)<sup>6</sup>

2013	2018
\$286M	\$1,627M

Source: America's Health Rankings – The Future Cost of Obesity, Nov. 2009

<sup>1</sup> Fat Is In Fat: 2010 How Obesity Threatens America's Future; Trust for America's Health & Robert Wood Johnson Foundation; <sup>2</sup>State Health Facts, Kaiser Family Foundation & Diabetes Data & Trends, CDC; <sup>3</sup>Wellmark Claims Data; <sup>4</sup>America's Health Rankings – The Future Cost of Obesity, Nov. 2009; <sup>5</sup>Behavioral Risk Factor Surveillance System, CDC; <sup>6</sup>America's Health Rankings – The Future Cost of Obesity

# Health Insurance Wasn't Designed for Current Lifestyles

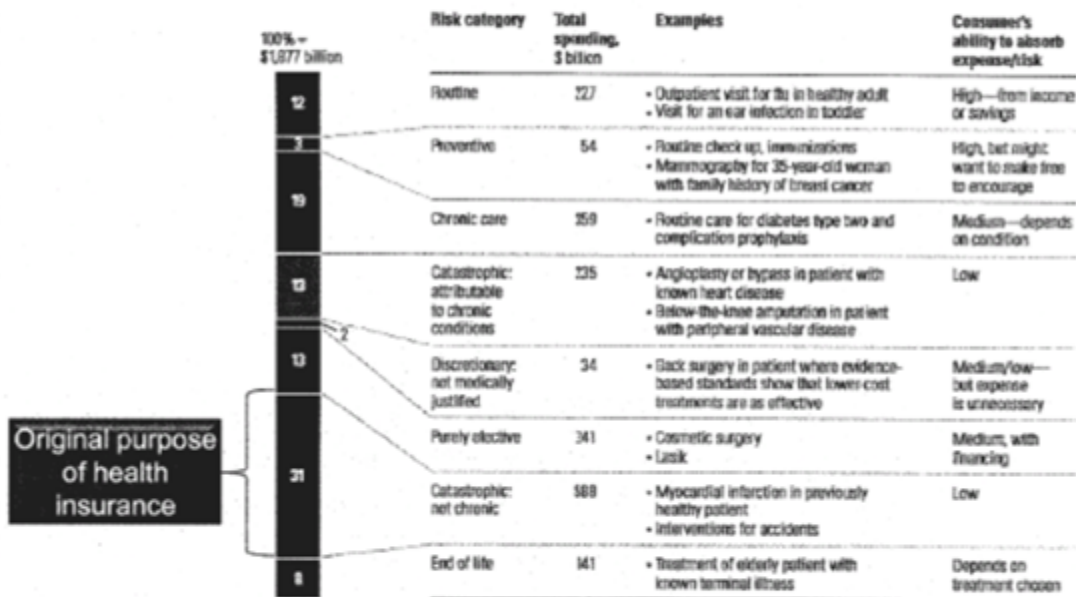


## Insurance Evolution

- Over the past 30 years, insurance shifted from catastrophic focus to chronic focus — driven by lifestyles
- Funding methods & reimbursement models have not adjusted and are misaligned
- Mandates have increased costs — mandates represented nearly 12.5% of Wellmark's premium in 2007

Exhibit 1  
The nature of  
health care risk

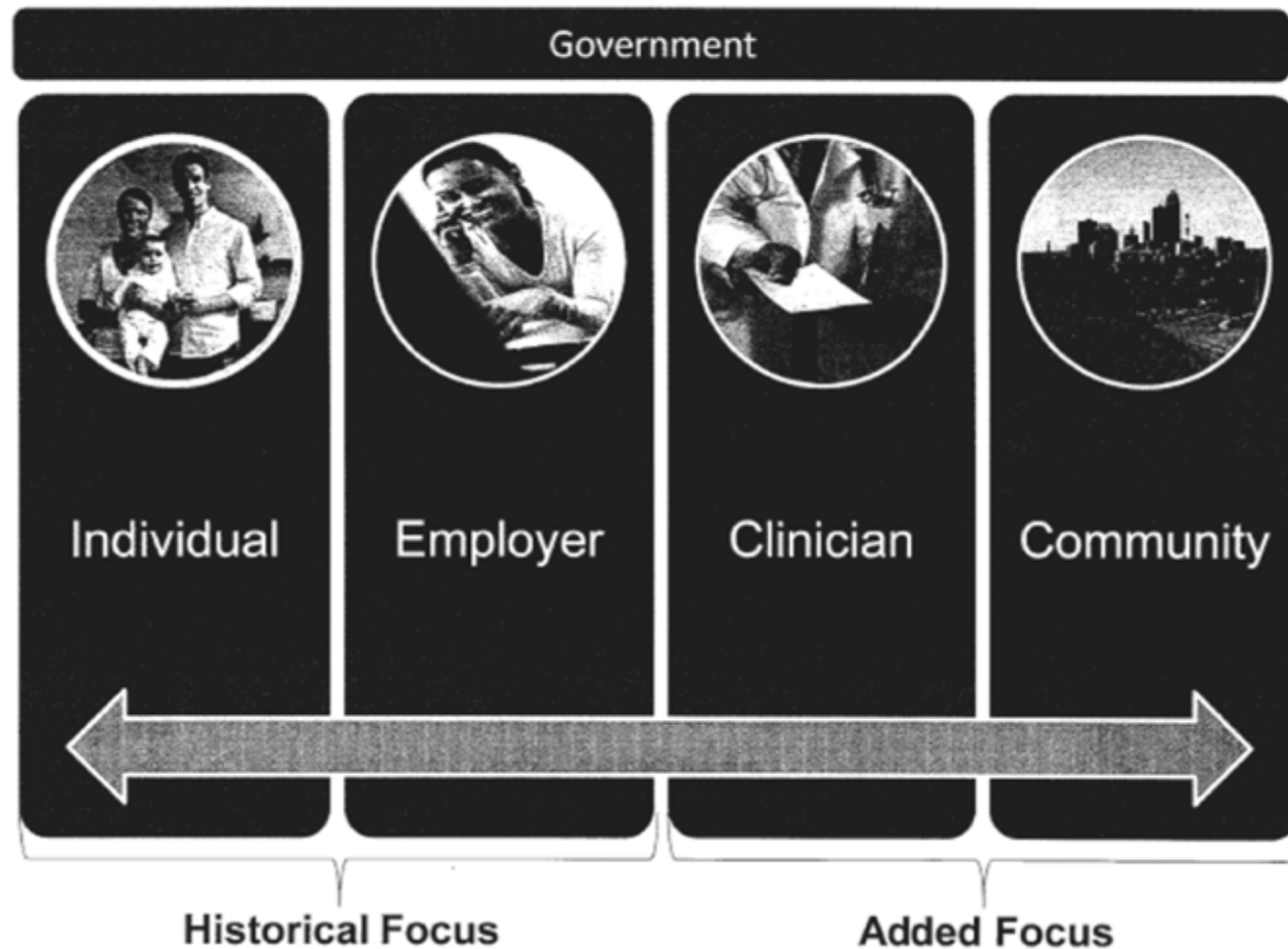
Breakdown of US health care costs,<sup>1</sup> 2007



<sup>1</sup>Government administrative expenses, private insurers' profits, research expenses, the cost of equipment and software, and the cost of public-health activities excluded; figures do not sum to 100%, because of rounding.

Source: Office of the Actuary and National Health Expenditure Data Fact Sheet, US Centers for Medicare and Medicaid Services; US Medical Expenditure Panel Surveys (MEPS); McKinsey analysis

## Multi-Faceted Approach





The Secret to Health and Longevity



**New York Times bestseller!**

*"A must read if you  
want to stay young,"*  
— Dr. Mehmet Oz.

*"Practical tips for  
living long and well,"*  
— Dr. Andrew Weil

**Order Now** ➔



HEALTHWAYS | BLUE ZONES  
**VITALITY CITY**



# The Power 9 Found in Blue Zones

## Using The Power 9 To Change The Environment



### Move Naturally

### Right Outlook

- Purpose Now
- Downshift

### Eat Wisely

- 80% Rule
- Plant Slant
- Wine@5

### Belong

- Right Tribe
- Community
- Loved Ones First

### Move Naturally

- Plant community gardens
- Build trails to encourage walking
- Establish walking school buses
- De-convenience the home



### Right Outlook

- Have a purpose
- Volunteer – give back



### Eat Wisely

- Wean kids off snacks and pop
- Change restaurant menus
- Stock vending machines with healthier choices
- Encourage farmers markets and the eating of fresh, local produce



### Belong

- Have a faith/spirituality component
- Spend time with your family
- Social networks





## Albert Lea, MN – Making A Difference



### Albert Lea, MN – The First Blue Zones Community

- More than 25% of the population participated in the program
  - Restaurants changed their menus to offer many more healthy choices
  - Schools implemented seven wellness policy changes to reduce snack foods and increase activity
  - Businesses changed their environment & policies to encourage healthier behaviors
  - Volunteers planted 70 community gardens
  - Biking and hiking paths were connected throughout the community to encourage more walking
- social groups called "Walking Moais"

### 2009 Results

- Life expectancy increased an average of 3.2 years
- Participants lost an average of 3 lbs each
- Employers reported a 21% drop in absenteeism
- City employees showed a 49% decrease in health care costs
- Kids walked more, due to a "walking school bus" system that had kids walking the last mile to school every day under the supervision of parent and senior volunteers
- Over 2500 volunteer hours in 10 months



[Good Morning America Video](#)

# What is a Medical Home?

- What is a “medical home”?
  - A medical office or clinic where a team of health professionals work together to provide new, expanded type of care to patients.
- What are the benefits of a medical home?
  - Increased access to primary care
  - Higher patient satisfaction
  - Increased health outcomes
  - Cost benefits
  - Reduced health disparities & fewer hospitalizations

## Major Challenges to Implement the Patient-Centered Medical Home

- Requires intensive QI effort and committed local leadership
- Limited involvement of non-physician staff in clinical care
- Lack of IT with critical functions associated with better care, especially registries
- Lack of performance measurement
- Perverse payment system

# MHSAC Recommendations

- ***Building Block Recommendation 1:*** Continue to develop and sustain the MHSAC to promote the PCMH concept as a standard of care for all Iowans
- ***Building Block Recommendation 2:*** Encourage and support the identification and implementation of a multi-payer reimbursement model that supports the PCMH.
- ***Building Block Recommendation 3:*** Support the current efforts to implement and expand the PCMH through existing infrastructures that educate providers and demonstrate best practices.
- ***Building Block Recommendation 4:*** Support health reform initiatives that address health care workforce needs, health care information technology and prevention and chronic care management.

## MHSAC: Next Year

- Develop a multi-payer reimbursement pilot that demonstrates a return on investment and provides a framework for spread
- Use pilot to develop best practices within the context of needs for all Iowans
- Develop and formalize certification standards to be used statewide and across payers
- Issue Briefs:
  - Care Coordination
  - Community Utility
  - Social Determinants of Health

# St Gregory Centers, Inc

- **Artificial Satisfaction also creates:**
  - Stress/Anxiety/Depression/Fatigue
- **Leads to:**
  - Immature choices...looking for instant gratification–selfishly and self centered.
  - Imbalance in body's:
    - Health Wellness
    - Neurological Chemistry
- **Creates a dysfunctional life within one or all areas**



# St Gregory Centers, Inc

## ▶ Cognitive Therapy:



- ▶ Curriculum-based: Consistent Results/Replicable
- ▶ Most cognitive programs do not address:
  - Life Rebuilding Skills
  - Thought Testing
  - Curriculum Based – Individualization thru Implementation

# St Gregory Centers, Inc

## ***Life Process Model*** ©

***Life Process Program***© – Cognitive Behavior Modification curriculum delivered Life-Skills:  
*Values/Motivation/Rewards/Resources/Support/Maturity/Goals*

***Life Process Pursuits***©– Learning through Experience:  
CBT Experiential Skills Development  
Behavioral-Belief testing necessary to accept change

***Life Process Wellness***© – Nutrition, Sports Physiology and Life Style:  
Lab Testing, Mayo Clinic Health Assessment, Daily Nutraceutical Program, Daily Health Wellness sessions

***Life Process Plan***© – Individualized Roadmap during 12 months after Completing Program:  
Mentor based, Health Wellness continues



# St Gregory Centers, Inc Results

Sample : 171 patients (2009)

95% from out side of Iowa

Male: 128 (75%)

Female: 43 (25%)

Private Pay – 30%

Commercial Insurance – 70%

Avg Years of Use: 10.7

Completed: 2-month Residential program – 94%

Sober: 75%

Substance abused:

Alcohol – 57%

Opiates/Heroin – 22%

Cocaine – 13%

Meth – 5%

Prescription/other – 3%



# St Gregory Centers, Inc

- ▶ In 2006, hospitals in the United States delivered a total of 113 million Emergency Room visits. The Substance Abuse and Mental Health Administration (SAMSHA) estimates 34% of the visits involved some combination of illicit drugs, alcohol, and/or nonmedical use of pharmaceuticals. That is 38.4 million ER visits per year.
- ▶ \$450 billion dollars were spent on locking up nonviolent drug offenders in federal prisons. In 2009, half of all prisoners serving time in the federal justice system were incarcerated for drug offences.\*
- ▶ \$121 billion dollars spent on the arrest of 37 million nonviolent drug offenders, and of those, 10 million for the simple possession of marijuana. Studies repeatedly indicated that prison time increases the likelihood of continued drug abuse.\*
- ▶ \$33 billion dollars spent on the "Just Say No" advertising campaign which has failed in nearly every possible metric. High school students continue to use illicit drugs at the same rate as forty years previous, with actual drug overdoses on a precipitous rise as cannabis use gives way to narcotic use.\*



\* Information procured via the Freedom of Information Act from Obama administration drug czar Gil Kerlikowske and former drug czar John Walters documents.

# St Gregory Centers, Inc

- ▶ Iowa Critical Access Hospitals maintain 24-hour emergency service/room for their communities.
- ▶ Iowa averaged 390 ER visits per 1,000 residents in 2008 (IHA).
- ▶ Annually – 1,173,063 visits to Iowa hospital emergency rooms.
- ▶ With 34% involving some combination of illicit drugs, alcohol, and/or nonmedical use of pharmaceuticals; 398,841 visits where patients that should be assessed for abuse and/or dependency.
- ▶ With 117 community hospitals in Iowa, that equates to 3,408 visits every year for each hospital, an average of 9 patients per day potentially needing help.



# St Gregory Centers, Inc

## Potential Programs

- ❖ Emergency Rooms:
  - Assess patients, if abuse indicated:
    - Require/Reimburse 3 days detox
    - State supported plan for evidence-based treatment  
Medicare/Medicaid/Commercial
  
- ❖ Universities/Colleges/Community Colleges:
  - On-line Psychosocial Assessment
    - If indicated, full on-line assessment / recommendation  
Substance/Self-Harm/Psychological/Sexual Harassment/Suicide/Gambling
  - Community Colleges provide as student service (self pay/Insurance)

# **United Healthcare**

## **Guiding Principles for Exchanges:**

- **Develop Fair and Efficient Markets**
- **Create a Positive Consumer Experience**
- **Advance Consumer Choice & Innovation**
- **Promote Responsible Consumer Behavior**
- **Balance National Standards with State Flexibility**

**Look in to managed care for Medicaid**

# STATE OF IOWA *The Environment for Healthy Living*

